

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/763229</b>	FILING DATE Design Specialist (703) 305-0421								
						CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.			DEP.			IND.
1	/		/				51								
2	/		/				52								
3	/		/				53								
4	2		/				54								
5	2		/				55								
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14	3		/				64								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	22	2	16	2			TOTAL DEP.								
TOTAL CLAIMS	24		18				TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS